

Attention: All Providers

Health Insurance Portability and Accountability Act Compliance Survey

The N.C. Medicaid program plans to offer seminars focusing on how the implementation of the Health Insurance Portability and Accountability Act (HIPAA) will specifically impact electronic Medicaid claims processing. (Upcoming general Medicaid bulletins will list the dates and site locations for the HIPAA seminars along with the registration form.) Provider participation in the following survey will assist the N.C. Medicaid program in the development of the HIPAA seminars.

Additional information regarding HIPAA can be found on the Division of Medical Assistance's website at <http://www.dhhs.state.nc.us/dma>.

1. On what date will your billing office be HIPAA compliant?

2. Will your claims filing software be upgraded to comply with HIPAA transaction standards?

3. Did you purchase the claims filing software from a vendor? If yes, has HIPAA compliant software been offered by this vendor? If yes, when will it be available? If no, do you plan to obtain HIPAA compliant software from a different vendor or file claims on paper?

4. Do you file your claims directly to EDS or through a clearinghouse/billing agent?

5. If you file claims to Medicaid through a clearinghouse/billing agent, what is the name of the clearinghouse/billing agent? Is the clearinghouse/billing agent HIPAA compliant now? If not, on what date will they be compliant?

6. With what insurance carriers or professional associations are you associated? What information have they provided regarding HIPAA?

7. Do you plan on attending any HIPAA training other than training sponsored specifically for Medicaid? If yes, who is sponsoring the training, what is the subject of the training, and when will the training occur?

8. What percentage of your claims is filed on paper?

9. If you are currently submitting claims electronically, which of these HIPAA-related functions do you plan to use in the future? (circle either YES or NO for EACH transaction)

• Health care claims (837 transaction)	Yes or No
• Health care payments and remittance advices (835 transaction)	Yes or No
• Eligibility inquiry and response (270 and 271 transactions)	Yes or No
• Pharmacy billing (NCPDP transaction)	Yes or No
• Prior approval (278 transaction)	Yes or No
• Claim status request and response (276 and 277 transactions)	Yes or No

Provider Name _____ Provider Number _____
 Address _____ Contact Person _____
 City, Zip Code _____ Telephone Number _____

Please return the completed survey by fax (919-816-3192) or mail to: EDS (Attention: HIPAA Survey)
P.O. Box 300009
Raleigh, NC 27622